Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	
	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	Date of Public Distribution/Dissemination
Mailing Address 100 Indiana Avenue, N.W.	10 31 2014 Amount
City State Zip Code	C4F0.40
Washington DC 20001	6150.19 Transaction ID : D559691 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	10 31 / 2014
Name of Federal Candidate Support Office 9	Sought: House District: 00
	President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	Date of Public Distribution/Dissemination
Mailing Address 100 Indiana Avenue N W	10 31 2014
- Too malana / Worldo, 14.7V.	Amount
City State Zip Code	40.59
Tradinington = 20001	Transaction ID: D559692 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	10 31 2014
Name of Federal Candidate Support Office	Sought: House District: 00
MITCH MCCONNELL Oppose	President State: KY
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	6190.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	PAGE 2 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report	filed on
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	Date of Public Distribution/Dissemination
Mailing Address 100 Indiana Avenue, N.W.	10 31 2014 Amount
City State Zip Code Washington DC 20001	2464.49 Transaction ID : D559694
Purpose of Expenditure InKind Staff Category/ Type 001	Date of Disbursement or Obligation 10 31 2014
ALISON LUNDEDCAN CRIMES	Office Sought: House District: 00 Procident Y Senate State: KY
Calendar Year-To-Date	Disbursement For: Primary General 014
Full Name of Payee Mack-Sumner Communications, LLC.	Other (specify) ▶ Date of Public Distribution/Dissemination
Mailing Address 2001 N. Beauregard Street	10 31 2014 Amount
Suite 420 City State Zip Code	604.50
Alexandria VA 22311 Purpose of Expenditure Category/ 004	Transaction ID : D559709 Date of Disbursement or Obligation
Type 004	10 31 2014
Name of Federal Candidate GWEN GRAHAM Oppose	Office Sought: House District: 02 President Senate State: FL
	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3068.99
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of exparty committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	11 01 2014

Schedule E)	L /(1 = 1,12 :			PAGE 3 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	T = M / D = D / Y = Y = Y = Y
Full Name of Payee Mack-Sumner Communications, LLC				of Public Distribution/Dissemination
Mailing Address 2001 N. Beauregard Street				10 31 2014
Suite 420			Amou	int
City	State	Zip Code		19043.24
Alexandria	VA	22311		saction ID : D559715 of Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004		10 31 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:
Gary Peters		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		19514.87	Disbursemen 2014 O	nt For: Primary X General
Full Name of Payee Mack-Sumner Communications, LLC.				of Public Distribution/Dissemination
Mailing Address 2001 N. Beauregard Street			Amou	10 31 2014
Suite 420				411L
City Alexandria	State VA	Zip Code 22311		13965.39 action ID : D559718
Purpose of Expenditure Fliers		Category/ Type 004	Date	of Disbursement or Obligation 10 31 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
ALISON LUNDERGAN GRIMES		Oppose	Preside	KV
Calendar Year-To-Date Per Election for Office Sought		421581.37	Disbursemen 2014	nt For: Primary X Genera
(a) SUBTOTAL of Itemized Independent Expenditures	3			33008.63
(b) SUBTOTAL of Unitemized Independent Expenditure	res		>	7 7 7
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	e 11	01 2014
Signature		_		

Schedule E)	101101120	PAGE 4 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
		M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New	report Amends report	filed on
Full Name of Payee Mack-Sumner Communications, LLC.		Date of Public Distribution/Dissemination
Mailing Address 2001 N. Beauregard Street Suite 420		Amount
	Zip Code	5319.62
City State Alexandria VA	22311	Transaction ID : D559751 Date of Disbursement or Obligation
Purpose of Expenditure Fliers	Category/ Type 004	10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support C	Office Sought: House District: 00
MARK E UDALL	Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
Full Name of Payee Mack-Sumner Communications, LLC. Mailing Address 2001 N. Beauregard Street		Date of Public Distribution/Dissemination
Suite 420		Amount
City State Alexandria VA	Zip Code 22311	1813.50 Transaction ID : D559770
Purpose of Expenditure	Category/	Date of Disbursement or Obligation
Fliers	Type 004	10 31 2014
Name of Federal Candidate MARK BEGICH	Support Oppose	Office Sought: House District: 00 President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify)
	1	
(a) SUBTOTAL of Itemized Independent Expenditures		7133.12
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Elect	tronically Filed] Date	11 01 2014
Signature		

Schedule E)	EXI ENDI	TOTILO		PAGE 5 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee Florida AFL-CIO General Fund			Date	of Public Distribution/Dissemination
			[10 31 2014
Mailing Address c/o Mike Williams 135 S. Monroe Street			Amou	unt
	State	Zip Code		16.62
Tallahassee	FL	32301		saction ID : D559780 of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		10 / 31 / 2014
Name of Federal Candidate		Support	Office Sough	ht: X House District:02
GWEN GRAHAM		Oppose	Presic	
Calendar Year-To-Date Per Election for Office Sought		3067.99	Disbursemen 2014	nt For: Primary X General Other (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
UNITE HERE TIP STATE & LOCAL FU	ND 			10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 275 7TH AVENUE, 11TH FLOOR			Amo	unt
City	State	Zip Code		140.00
New York	NY	10001		action ID: D559790 of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001] [10 31 2014
Name of Federal Candidate		X Support	Office Soug	ht: House District: 00
MARK BEGICH		Oppose	Presid	dent Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		627778.74	Disburseme 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures.				156.62
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	171171171
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Elizabeth H Shuler Signature	[Electroni	cally Filed] Date	M M /	01 2014
Gigilatule				

Schedule E)		PAGE 6 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if X 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Voices of the Amer. Federation of Gov't Employees	_	of Public Distribution/Dissemination
Mailing Address 80 F Street, NW	Amor	
City State Zip Code		252.67
Washington DC 20001	Tran	saction ID : D559802 of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Categor Tyl		10 31 2014
Name of Federal Candidate	Support Office Soug	ht: House District: 00
MITCH MCCONNELL	Oppose Presid	dent Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 421581.37	Disburseme 2014	nt For:
Voices of the Amer. Federation of Gov't Employees Mailing Address 80 F Street, NW	Amo	10 / 31 / 2014 unt
City State Zip Code	9	50.20
Washington DC 20001		action ID : D559803 of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Categor Typ		10 / 31 / 2014
Name of Federal Candidate	Support Office Soug	ht: House District: 00
MARK E UDALL	Oppose Presid	dent State: CO
Calendar Year-To-Date Per Election for Office Sought 36842	Disburseme 2014	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······ 	302.87
(b) SUBTOTAL of Unitemized Independent Expenditures		71171171
(c) TOTAL Independent Expenditures	······································	7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically Filed	dJ Date 11	01 2014
Signature		

Schedule E)	INDENT EXICIO	TOTILO		PAGE 7 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if X 24-hour report 48-hour re	eport New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Voices of the Amer. Federat	ion of Gov't Emplo	yees	Date of F	
Mailing Address 80 F Street, NW			Amount	31 2014
City	State	Zip Code		80.51
Washington	DC	20001		ion ID : D559805 Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
MARK E UDALL		Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	3	68428.36	Disbursement F 2014 Othe	or: Primary X General r (specify) ▶
Full Name of Payee Voices of the Amer. Federation	n of Gov't Employee	es	Date of I	
Mailing Address 80 F Street, NW			Amount	31 2014
City	State	Zip Code	— Г.	7.96
Washington	DC	20001		on ID: D559806 Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	M 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
CORY GARDNER		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		368428.36	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent E	xpenditures		•	88.47
(b) SUBTOTAL of Unitemized Independen	t Expenditures			
				4 4
(c) TOTAL Independent Expenditures			· · · · · ·	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date		01 2014
Oig.ia.a.o				

Schedule E)	TI EXI END			PAGE 8 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
o		. 🗆 .		M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	
Voices of the Amer. Federation of	Gov't Emplo	oyees	M	f Public Distribution/Dissemination
Mailing Address 80 F Street, NW			Amour	it
City	State	Zip Code		0.94
Washington	DC	20001		nction ID : D559813 f Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	М	10 31 / 2014
Name of Federal Candidate		Support	Office Sought	: X House District: 06
ANDREW ROMANOFF		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	1364.02	Disbursement 2014 Ot	For: Primary ⊠ General her (specify) ►
Full Name of Payee Voices of the Amer. Federation of Go Mailing Address 80 F Street, NW	v't Employee	es 	M	of Public Distribution/Dissemination 10 31 2014
City	State	Zip Code		10.95
Washington	DC	20001		ction ID : D559814 f Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	M	10 31 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
CORY GARDNER		Oppose	Preside	nt Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	, , ,	368428.36	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	11.89
(b) SUBTOTAL of Unitemized Independent Expendent	tures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	M M /	01 / Y = Y = Y = Y = Y = O1
Signature				

Schedule E)	ENDENT EXICEND	TOTILO	PAGE 9 OF 24 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	V
Workers' Voice			C C00484287	
Check if 24-hour report 48-hour	report New repo	ort Amends repo	rt filed on	Y
Full Name of Payee Voices of the Amer. Federa	tion of Gov't Emplo	yees	Date of Public Distribution/Dissemination	
Mailing Address 80 F Street, NW			10 31 2014 Amount	_
City	State	Zip Code	95.86	
Washington	DC	20001	Transaction ID : D559815 Date of Disbursement or Obligation	
Purpose of Expenditure InKind Staff		Category/ Type 001	10 / 31 / 2014	Υ
Name of Federal Candidate		Support	Office Sought: House District: 00)
GARY PETERS		Oppose	President Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought	2	40557.63	Disbursement For: Primary ☐ General Primary ☐ Primary ☐ General Primary ☐ Content of the primary ☐ Primar	ral
Full Name of Payee Voices of the Amer. Federation	on of Gov't Employee	es	Date of Public Distribution/Dissemination	
Mailing Address 80 F Street, NW			Amount	_
City	State	Zip Code	252.67	
Washington	DC	20001	Transaction ID : D559816 Date of Disbursement or Obligation	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10 31 / 2014	Y
Name of Federal Candidate		X Support	Office Sought: House District: 00)
ALISON LUNDERGAN GRIMES		Oppose	President X Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought		421581.37	Disbursement For: Primary	eral
(a) SUBTOTAL of Itemized Independent	Expenditures		348.53	٦
(b) SUBTOTAL of Unitemized Independent	nt Expenditures			
(c) TOTAL Independent Expenditures			>	
	any candidate or authorized		not made in cooperation, consultation, or conce f either, or (if the reporting entity is not a politic	
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

Schedule E)	ENT EXTEND	TIONES		PAGE 10 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER
Workers' Voice			С	C00484287
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee AFSCME Special Account			Date of Pu	blic Distribution/Dissemination
Mailing Address 1625 L Street, NW			10 Amount	31 2014
City Washington	State DC	Zip Code 20036		612.24 on ID : D559822
Purpose of Expenditure InKind Staff		Category/ Type 001	Date of Dis	sbursement or Obligation / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
MARK BEGICH		Oppose	President	Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	7	627778.74	Disbursement For 2014 Other	: Primary X General
Full Name of Payee AFSCME Special Account			Date of Pu	blic Distribution/Dissemination
Mailing Address 1625 L Street, NW			10 Amount	31 2014
			7 1110 4111	
City Washington	State DC	Zip Code 20036		526.37 n ID : D559830
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Date of Dis	sbursement or Obligation / 31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MARK BEGICH		Oppose	President	Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		627778.74	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures			1138.61
(b) SUBTOTAL of Unitemized Independent Expe	ndituros			*
(b) SOBTOTAL OF Officernized independent Expe	natures		•	<i>*</i>
(c) TOTAL Independent Expenditures			·	4 1 4 1 4
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	11 0	
Signature				

Schedule E)	EXI ENDI	TOTILO		PAGE 11 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
AFL-CIO				0 31 2014
Mailing Address 815 - 16th Street, NW			Amoun	t
City	State	Zip Code	- 1	3.58
Washington	DC	20006		ction ID : D559835 Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004		10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
MITCH MCCONNELL		X Oppose	Presider	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	4	21581.37	Disbursement 2014 Oth	For: Primary X General er (specify) ►
Full Name of Payee			Date of	Public Distribution/Dissemination
AFL-CIO				10 31 / 2014
Mailing Address 815 - 16th Street, NW			Amoun	t
City	State	Zip Code	-	2.39
Washington	DC	20006		tion ID : D559836 f Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004		0 31 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
MARK E UDALL		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		368428.36	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				5.97
				7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Elizabeth H Shuler	[Electroni	cally Filed] Date	M - M /	01 / 2014
Signature				

Schedule E)	1 L /(1 L /(2)	1101120		PAGE 12 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Workers' Voice			С	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
AFL-CIO			M 10	/ 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		19.69
Washington	DC	20006		on ID : D559845 isbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	10	
Name of Federal Candidate		Support	Office Sought:	House District:00
ALISON LUNDERGAN GRIMES		Oppose	President	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	4	421581.37	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
AFL-CIO			M M M	31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount	
- C7:	04-40	7:- 0-40		22.00
City Washington	State DC	Zip Code 20006		32.98 n ID: D559849 isbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	Date of Di	
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	77	240557.63	Disbursement For 2014 Other	r: Primary X General (specify) •
(a) SUBTOTAL of Itemized Independent Expenditure)S		•	52.67
(b) SUBTOTAL of Unitemized Independent Expendit	ures		·	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	M M / D	D / Y Y Y Y Y Y 11 2014
Signature				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	orkers' Voice	C C00484287
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	AFT Solidarity 527	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 555 New Jersey Ave. N.W.	Amount
ŀ	City State Zip Code	113.21
	Washington DC 20001	Transaction ID : D559852 Date of Disbursement or Obligation
	Purpose of Expenditure Inkind Staff Travel Category/ Type 002	10 31 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	TERRI LYNN LAND Oppose	President State: MI
	Calendar Year-To-Date Per Election for Office Sought Disbu 240557.63 Disbu 2014	rsement For: Primary X General Other (specify) ▶
	Full Name of Payee AFT Solidarity 527	Date of Public Distribution/Dissemination
	Mailing Address 555 New Jersey Ave. N.W.	10 31 2014 Amount
	City State Zip Code	1369.84
	Washington DC 20001	Transaction ID : D559862 Date of Disbursement or Obligation
	Purpose of Expenditure InKind Staff Category/ Type 001	10 31 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	GARY PETERS Oppose	President Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought Disbut 240557.63	rsement For: Primary X General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	1483.05
((b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7
((c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Elizabeth H Shuler [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Oignaturo	

PAGE

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Schedule E)	PAGE 14 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee AFT Solidarity 527	Date of Public Distribution/Dissemination
•	10 31 2014
Mailing Address 555 New Jersey Ave. N.W.	Amount
City State Zip Code	457.46
Washington DC 20001	Transaction ID : D559866 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	10 31 2014
Name of Federal Candidate Support Office	Sought: House District: 00
MARK REGICH	President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Disbut 2014	rsement For: Primary General
	Other (specify)
Full Name of Payee AFT Solidarity 527	Date of Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave N W	10 31 2014
Mailing Address 555 New Jersey Ave. N.W.	Amount
City State Zip Code	120.21
Washington DC 20001	Transaction ID : D559870 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	10 / 31 / 2014
	Sought: House District: 00
GARY PETERS Oppose	President State: MI State:
Calendar Year-To-Date Per Election for Office Sought Disbu 240557.63	orsement For: Primary
<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	577.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 11	1 01 2014
Signature	

ooneduic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amend	ds report filed on M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
AFT Solidarity 527	10 31 2014
Mailing Address 555 New Jersey Ave. N.W.	Amount
City State Zip Code	126.92
Washington DC 20001	Transaction ID : D559882 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type	002 M 10 31 / 2014
Name of Federal Candidate Sup	port Office Sought: House District: 02
GWEN GRAHAM Opp	<u> </u>
Calendar Year-To-Date Per Election for Office Sought 3067.99	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee AFT Solidarity 527	Date of Public Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.	10 31 2014 Amount
City State Zip Code	69.99
Washington DC 20001	Transaction ID : D559891 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type	001 M M / 31 / 2014
Name of Federal Candidate Sup	port Office Sought: House District: 00
MARKETIRALI	pose President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 368428.36	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	196.91
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed]	Date 11 01 2014
Signature	

PAGE 15

OF

Schedule E)			FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)						
Workers' Voice			C C00484287			
Check if 24-hour report 48-hour	report New repo	ort Amends repo	rt filed on			
Full Name of Payee AFT Solidarity 527			Date of Public Distribution/Dissemination			
•			10 31 2014			
Mailing Address 555 New Jersey Ave. N	.W.		Amount			
City	State	Zip Code	2039.88			
Washington	DC	20001	Transaction ID : D559896 Date of Disbursement or Obligation			
Purpose of Expenditure InKind Staff		Category/ Type 001	10 / 31 / 2014			
Name of Federal Candidate		X Support	Office Sought: House District: 00			
MARK BEGICH		Oppose	President Senate State: AK			
Calendar Year-To-Date Per Election for Office Sought	6	627778.74	Disbursement For: Primary General 2014 Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
COMMUNICATIONS WORN	COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES					
Mailing Address 501 3RD STREET, N	failing Address 501 3RD STREET, NW					
City	State	Zip Code	225.25			
Washington	DC	20001	Transaction ID : D559901 Date of Disbursement or Obligation			
Purpose of Expenditure InKind Staff		Category/ Type 001	10 31 7 2014			
Name of Federal Candidate		X Support	Office Sought: House District: 00			
MARK BEGICH		Oppose	President Senate State: AK			
Calendar Year-To-Date Per Election for Office Sought		627778.74	Disbursement For: ☐ Primary ☐ General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent	Expenditures					
(4) 33233142 33 133143 33 134	- - - - - - - - - -		7 7 7			
(b) SUBTOTAL of Unitemized Independe	nt Expenditures		•			
(c) TOTAL Independent Expenditures			•			
. , , , , ,	any candidate or authorized	•	not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature		_				

Schedule E)	L/(L/()			PAGE 17 OF 24 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Workers' Voice	/orkers' Voice				
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y	
Full Name of Payee COMMUNICATIONS WORKERS OF A	AMERICA V	NORKING VOICE	FS 📗 _	of Public Distribution/Dissemination	
Mailing Address 501 3RD STREET, NW	Mailing Address 501 3RD STREET, NW				
City	State	Zip Code	— I L.	45.00	
Washington	DC	20001		action ID : D559902 of Disbursement or Obligation	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002		10 31 / 2014	
Name of Federal Candidate		Support	Office Sough	t: House District:00	
ALISON LUNDERGAN GRIMES		Oppose	Preside		
Calendar Year-To-Date Per Election for Office Sought		421581.37	Disbursemen 2014 O	t For: Primary	
COMMUNICATIONS WORKERS OF A Mailing Address 501 3RD STREET, NW			Amou	10 / 31 / 2014 nt	
City	State	Zip Code		45.00	
Washington	DC	20001		oction ID : D559903 of Disbursement or Obligation	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	N	10 / 31 / 2014	
Name of Federal Candidate		Support	Office Sough	it: House District:00	
MITCH MCCONNELL		X Oppose	Preside	ent Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought	, , ,	421581.37	Disbursemen 2014	t For: Primary X General ther (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	s			90.00	
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· •		
(c) TOTAL Independent Expenditures			•	7 1 7 1 7	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized				
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	M M /	01 2014	
Signature					

Schedule E)		II CILLO		PAGE 18 OF 24 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼	
Workers' Voice	/orkers' Voice				
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y	
Full Name of Payee UFCW Int'l Union Working Fami	lies Advocacy	Project	M	Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1775 K Street, NW	Mailing Address 1775 K Street, NW			0 31 2014	
City	State	Zip Code		232.08	
Washington	DC	20006-1598		ction ID : D559905 Disbursement or Obligation	
Purpose of Expenditure InKind Staff		Category/ Type 001	M	0 31 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
ALISON LUNDERGAN GRIMES		Oppose	Presiden		
Calendar Year-To-Date Per Election for Office Sought		421581.37	Disbursement 2014 Oth	For: Primary	
Full Name of Payee UFCW Int'l Union Working Familie Mailing Address 1775 K Street, NW	s Advocacy Pro	pject	M	Public Distribution/Dissemination March M	
City	State	Zip Code		29.56	
Washington	DC	20006-1598		tion ID: D559910 Disbursement or Obligation	
Purpose of Expenditure InKind Staff		Category/ Type 001	1	0 31 2014	
Name of Federal Candidate		X Support	Office Sought:	House District: 00	
GARY PETERS		Oppose	Presider		
Calendar Year-To-Date Per Election for Office Sought	7	240557.63	Disbursement 2014 Oth	For:	
(a) SUBTOTAL of Itemized Independent Expen	ditures			261.64	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •	7	
(c) TOTAL Independent Expenditures			•	7 7 7	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized				
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	M M / / 11	01 2014	
Signature					

Schedule E)	- /(1	1101.20		PAGE 19 OF 24 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Workers' Voice	Vorkers' Voice					
				M / D D / Y Y Y Y		
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	7 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Full Name of Payee UFCW Int'l Union Working Families A	Advocacy	Project		of Public Distribution/Dissemination		
Mailing Address 1775 K Street, NW			— L	10 31 2014		
			Amou	nt		
City	State	Zip Code		56.50		
Washington	DC	20006-1598		saction ID : D559912 of Disbursement or Obligation		
Purpose of Expenditure InKind Staff		Category/ Type 001		10 / 31 / 2014		
Name of Federal Candidate		Support	Office Sough	it: House District: 00		
MARK E UDALL		Oppose	Preside			
Calendar Year-To-Date Per Election for Office Sought	3	368428.36	Disbursemen 2014 O	ther (specify) ▶		
Full Name of Payee			Date	of Public Distribution/Dissemination		
Workers' Voice (OPEIU)				M M / D D / Y Y Y Y		
Mailing Address 80 Eighth Ave			— L	10 31 2014		
Suite 610			Amou	ınt		
City	State	Zip Code		120.16		
New York	NY	10011		action ID: D559919 of Disbursement or Obligation		
Purpose of Expenditure InKind Staff		Category/ Type 001		10 31 2014		
Name of Federal Candidate		Support	Office Sough	nt: House District: 00		
ALISON LUNDERGAN GRIMES		Oppose	Presid			
Calendar Year-To-Date Per Election for Office Sought		421581.37	Disbursemer 2014	nt For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditures.			· [176.66		
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		· -	7 1 7 1 7		
(c) TOTAL Independent Expenditures						
				4 4 4		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	e or authorized					
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	M = M /	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature						

Schedule E)	NOCINI EXI END	ITOTILO		PAGE 20 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if X 24-hour report 48-hour rep	port New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Workers' Voice (OPEIU)			M = M	
Mailing Address 80 Eighth Ave			10 Amount	31 2014
Suite 610		7: 0 1		044.00
City New York	State NY	Zip Code 10011		314.98 on ID : D559922 isbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
MARK BEGICH		Oppose	President	Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	(627778.74	Disbursement Fo 2014 Other	r:
Full Name of Payee ENGINEERS POLITICAL EDUCATION CO	OMMITTEE (EPEC)/INTI	ERNATIONAL UNION	Date of P	ublic Distribution/Dissemination / 31
City	State	Zip Code		2876.19
Washington	DC	20036		n ID : D559923 isbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	31 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
MARK BEGICH		Oppose	President	Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		627778.74	Disbursement Fo	or:
(a) SUBTOTAL of Itemized Independent Exp	oenditures		•	3191.17
(b) SUBTOTAL of Unitemized Independent	Expenditures		.	7 7 5 .
(c) TOTAL Independent Expenditures			>	7 7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date		01 2014
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report	t filed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
AFSCME Florida Special Account	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1625 L Street, NW	Amount
City State Zip Code	0.19
Washington DC 20036	Transaction ID : D559940 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	10 31 / Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: X House District: 02
GWEN GRAHAM Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 3067.99	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
AFSCME Florida Special Account	10 31 2014
Mailing Address 1625 L Street, NW	Amount
City State Zip Code	1.75
Washington DC 20036	Transaction ID : D559942 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	10 31 2014
Name of Federal Candidate Support	Office Sought:
GWEN GRAHAM Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 3067.99	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	1.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE

OF

Schedule E)			1101120		PAGE 22 OF 24 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In	Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287		
Check if 24-hour report	48-hour report	New rep	ort Amends rep	ort filed on	Л = M / D = D / Y = Y = Y
Full Name of Payee AFSCME for Mic	chigan				of Public Distribution/Dissemination
Mailing Address 1625 L	Street, NW			Amou	10 31 2014 unt
City		State	Zip Code	-	649.96
Washington		DC	20036		saction ID : D559949 of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel			Category/ Type 002		10 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candid	date		Support	Office Sough	nt: House District: 00
TERRI LYNN LAND			Oppose	Presid	lent Senate State: MI
Calendar Year-To-D Per Election for Off		, , , , 2	240557.63	Disbursemer 2014	nt For:
Full Name of Payee AFSCME for Mich	nigan 5 L Street, NW				of Public Distribution/Dissemination
				Amou	unt
City Washington		State DC	Zip Code 20036		80.24 action ID : D559954
Purpose of Expenditure Inkind Staff Travel			Category/ Type 002		of Disbursement or Obligation 10 31 2014
Name of Federal Candi	date		X Support	Office Sough	ht: House District:
Gary Peters			Oppose	Presid	
Calendar Year-To-D Per Election for Of		, , ,	19514.87	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemiz	ed Independent Expenditur	'es		•	730.20
(b) SUBTOTAL of Uniter	nized Independent Expend	itures		·· •	
(c) TOTAL Independent	Expenditures			··· •	7
with, or at the request or		ate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Elizabeth	H Shuler	[Electron	ically Filed] Date	e 11	01 2014
Signature					

Schedule	e E)	TOLITI EM EILE.			PAGE 23 OF 24 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers	s' Voice				C C00484287
Check if \sum	24-hour report 48-hour rep	ort New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
	ne of Payee CME for Michigan				of Public Distribution/Dissemination
Mailing	Address 1625 L Street, NW			Amour	10 31 2014
City		State	Zip Code		620.63
Washin		DC	20036		action ID : D559955 If Disbursement or Obligation
	e of Expenditure Staff Travel		Category/ Type 002		10 31 / 2014
Name o	of Federal Candidate		Support	Office Sought	t: House District: 00
GARY	PETERS		Oppose	Preside	ent Senate State: MI
	lendar Year-To-Date r Election for Office Sought	2	240557.63	Disbursement 2014 Ot	t For: Primary X General
Michi	me of Payee igan Nurses Association Ge Address 2310 Jolly Oak Road	eneral Account			of Public Distribution/Dissemination 10 31 2014
City		State	Zip Code		92.11
Okemo		MI	48864		ction ID : D559975 of Disbursement or Obligation
Purpose InKind	e of Expenditure Staff		Category/ Type 001		10 / 31 / 2014
	of Federal Candidate		X Support	Office Sough	t: House District: 00
GARY	PETERS		Oppose	Preside	ent Senate State: MI
	alendar Year-To-Date or Election for Office Sought		240557.63	Disbursement 2014 Or	t For:
(a) SUB	TOTAL of Itemized Independent Exp	penditures			712.74
(b) SUB	TOTAL of Unitemized Independent I	Expenditures		•	7
(c) TOTA	AL Independent Expenditures			•	7 1 7 1 7
with, or a	enalty of perjury I certify that the in- at the request or suggestion of, any nmittee) any political party committe	candidate or authorized			
	Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	M M /	01 2014
Signa	ture				

	chedule E)	ITONES		PAGE 24 OF 24 FOR SE OF FORM 24/48			
	AME OF COMMITTEE (In Full) Months and Mont						
V	Vorkers' Voice	C	C00484287				
Ch	neck if X 24-hour report 48-hour report New report	ort Amends repor	t filed on	D = D / Y = Y = Y			
	Full Name of Payee		Date of Public	Distribution/Dissemination			
	Laborers Political League Great Lakes Region		10	31 / 2014			
	Mailing Address 8770 West Bryn Mawr Ave., Ste. 121		Amount				
	City State	Zip Code		54.14			
	Chicago IL	60631	Transaction II Date of Disbu	D: D559981 rsement or Obligation			
	Purpose of Expenditure InKind Staff	Category/ Type 001	10	31 / 2014			
	Name of Federal Candidate	Support	Office Sought:	House District: 00			
	GARY PETERS	Oppose	President >	Senate State: MI			
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 Other (spe	Primary			
	Full Name of Payee		Date of Public	Distribution/Dissemination			
	Mailing Address		_ L				
			Amount				
	City State	Zip Code					
			Date of Disbu	rsement or Obligation			
	Purpose of Expenditure	Category/ Type	/	D D / Y Y Y Y			
	Name of Federal Candidate	Support	Office Sought:	House District:			
		Oppose	President	Senate State:			
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Other (spe	Primary General			
	L						
	(a) SUBTOTAL of Itemized Independent Expenditures		•	54.14			
	(b) SUBTOTAL of Unitemized Independent Expenditures		•				
	(c) TOTAL Independent Expenditures		.	61248.40			
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.						
	Ms. Elizabeth H Shuler [Electron] Signature	ically Filed] Date	11 01 01	2014			
	oignature						